



☐ CPS
☐ NHW (I/ D/ PFS/ UO)
☐ FQG

Environmental Responsibility ~ Level Playing Field ~ Compliance Assistance & Education

Self-Certification and Declaration of Compliance Form

STATE OF NEW HAMPSHIRE'S HAZARDOUS WASTE RULES
Chapter Env-Hw 514

Actual Facility Location Address Here:

Company Name: _____
 Facility Street Address: _____
 Town/ County: _____ / _____
 EPA ID #: **NHD** _____

PLEASE COMPLETE AND RETURN

State of New Hampshire
 Department of Environmental Services
 Waste Management Division
**HAZARDOUS WASTE
 CERTIFICATION PROGRAM**
 PO Box 95, 29 Hazen Drive
 Concord, NH 03302-0095
 Phone #: (603) 271-2942
 Fax #: (603) 271-0869

Toll-Free (In-State Only) #:
 (866) HAZWAST -0R- (866) 429-9278

www.des.nh.gov

Data Entered:

☐ ES (Extended Storage)
☐ D (Dental)
☐ PW (Parts Washer)

FOR DES OFFICE USE ONLY

Date Rec'd: _____

Type of Payment Rec'd:

Amount Paid: \$ _____

☐ **CREDIT CARD:** Receipt #: _____ AR #: _____ Date: _____ Init: _____
Credit Cards (VISA OR MASTERCARD ONLY) can be processed via (603) 271-2990

☐ **INTERNAL PAYMENT VOUCHER:** Date Processed: _____ Init: _____
*ATTN: STATE DEPTS: Internal NH DES Account #: 010-04400-53920000-405389*Y*

☐ **CHECK #:** _____ AR #: _____ Date: _____ Init: _____
☐ **CHECK #:** _____ AR #: _____ Date: _____ Init: _____

☐ **NO FEE REC'D:** Date: _____ Init: _____ ☐ Exempt

☐ **CHECK/PAYMENT RETURNED- N/A:** ☐ *Date Refund Processed: _____ Init: _____
**Copy of Memo Refund Attached*

Complete: ☐ **YES:** Date Complete: _____ Init: _____

☐ Declassification to RIMS ☐ Notification to RIMS

☐ **NO:** Date Incomplete: _____ Init: _____

☐ No Signature ☐ No Fee ☐ Manifest History Indicates Active HW Mgmt.
☐ Other: _____

Please Keep Cover Page Attached To Application for Internal Processing Purposes



**HAZARDOUS WASTE
SMALL QUANTITY GENERATOR (SQG)
SELF-CERTIFICATION AND
DECLARATION OF COMPLIANCE FORM**

A. GENERAL INFORMATION:

1. **Facility Name:** _____ **EPA ID #:** NHD
2. **Physical Site Address for Facility:** _____ *If this is the same address as on Cover Page, please check here ☐*
Street: _____ City/Town: _____
County: _____ State: _____ Zip Code: _____
3. **Mailing Address:** _____ *If Mailing Address is the same as Physical Site Address please check here ☐*
Street or PO Box: _____
City/Town: _____ State: _____ Zip Code: _____
4. **Contact Information for Individual Completing This Form:** *(Should we have questions regarding this form)*
Name: _____ Title: _____
Daytime Phone Number: _____ E-mail: _____
5. **Date(s) of Self-Certification Inspection(s) and File Review(s):** _____
6. **Property Owner:** Name: _____ Phone #: _____

B. APPLICABILITY - Check all of the following that apply to your facility:

1. ☐ **Used Oil for Recycle and/or Universal Waste for Recycle:** If used oil for recycle and/or universal waste (i.e. batteries, antifreeze, computer monitors, television monitors, fluorescent lamps, or mercury containing devices) for recycle, are the **only hazardous wastes** generated by your facility, and are managed in accordance with Env-Hw 807 (*Requirements for Management of Used Oil Being Recycled*) and/or Env-Hw 1100 (*Requirements for Universal Waste Management*) of the New Hampshire Hazardous Waste Rules, there is no fee required. **Please complete Sections C.1 and C.2 on page 2, sign on page 4, and return this form.**

* Please note that if you have a used oil burner, you must indicate this on Section 9.C.3 of the RCRA C Site Identification Form (Notification Form).
2. ☐ **On-Site Silver Recovery Unit:** If photo-fixer solution is the **only hazardous waste** generated by your facility and the silver is **immediately recovered without any on-site storage prior to recovery**, there is no fee required. **Please complete Sections C.1 and C.2 on page 2, sign on page 4, and return this form.**
3. ☐ **No Hazardous Waste Generated:** If you no longer generate hazardous waste, there is no fee required. **Please complete Sections C.1 and C.2 on page 2, sign on page 4, and return this form.**
4. ☐ **Full Quantity Generator:** If you generate greater than 220 pounds of non-acute hazardous waste or accumulate 2.2 lbs or more of acute hazardous waste in any calendar month, you are a Full Quantity Generator (FQG) and not a Small Quantity Generator (SQG). There is no SQG Program fee required. **Please sign on page 4, return this form, and contact the New Hampshire Hazardous Waste Coordinator Certification Program at (603) 271-2942.**
5. ☐ **NH Small Quantity Generator:** If your facility generates less than 220 pounds of non-acute and/or 2.2 lbs of acute hazardous waste in any calendar month, **please complete the ENTIRE form, sign on page 4, and return with the required fee.**
6. ☐ **Political Subdivision:** For SQGs that are political subdivisions (municipally owned facilities) there is no fee required. **State agencies are not political subdivisions. Please complete the ENTIRE form, sign on page 4, and return this form.**

C. NOTIFICATION (Env-Hw 504):

1. **Please complete or verify, sign, and date the attached RCRA C Site Identification Form (Notification Form), if requested.**

*In addition to completing this SQG form, please complete the Notification Form or review the information that we have for your facility. Please make sure the information is complete (i.e. contact information, regulated waste activity, waste names, etc.) on the Notification Form, **sign the Notification Form**, and return it to DES **with this SQG Self-Certification Form**.*

Please note that if you have a used oil burner, you must indicate this on Section 9.C.3 of the Notification Form.

2. **Have hazardous waste activities (other than used oil for recycle, universal waste for recycle, and/or on-site silver recovery) at this facility ceased?** ☐ Yes ☐ No

If you checked yes to this question, please provide the date that hazardous waste activities have ceased and follow the instructions in Items a. and b. below.

Date: _____

If yes, and you no longer generate or store hazardous waste, please follow these instructions:

- a. On the Notification Form, change your activity to "Not a Generator" in section 9.A. Also, under Item 12 "*Comments*", indicate that the facility no longer generates hazardous waste. Please also include whether or not the facility closed, relocated, or ceased generating hazardous waste.
- b. Please **sign** the Notification Form and return it to DES along with this **signed** SQG Self-Certification Form.

D. WASTE GENERATION AND WASTE TYPE:

1. **Waste Type:** Please list all hazardous waste streams generated at the facility in the first column of the table below. In the second column, please describe how the hazardous waste is generated. Please **DO NOT** include used oil or universal waste (i.e. batteries, lamps, antifreeze, etc.) for recycle, or biohazardous waste (i.e. sharps) in this section.

List the Hazardous Waste(s)	How is it generated?

2. **Quantity of Waste:** In the table below please identify the total amount (in pounds or kilograms) of hazardous waste **generated** per month for the past 12 months. For example, how much waste you actually put into your waste container each month, **NOT what you SHIPPED each month or a monthly AVERAGE:**

Month/Year	Actual Amount of Hazardous Waste Generated (created)	Month/Year	Actual Amount of Hazardous Waste Generated (created)
Jan./		July/	
Feb./		Aug./	
March/		Sept./	
April/		Oct./	
May/		Nov./	
June/		Dec./	

3. **Waste Determination (Env-Hw 502.01):** In general, how do you determine if your waste(s) is hazardous or not (check all that apply)?

- ☐ Waste has been tested.
- ☐ Waste is hazardous based on the knowledge of the hazardous materials used in the process.
- ☐ Rely on the transporter or consultant.

- E. STORAGE REQUIREMENTS (Env-Hw 507) - PLEASE NOTE**, this section **does NOT** need to be filled out if you only generate parts washer solvent that is managed under a contractual agreement. Also, this section **does NOT** need to be filled out for universal waste, used oil and/or silver containing waste where silver will be recovered off site (i.e. silver containing fixer).

		Storage Area 1 (identify the location)	Storage Area 2 (identify the location)
1.	Location of Hazardous Waste Storage Areas (describe the location of each hazardous waste storage area; please copy and attach additional pages if there more than two storage areas):		
2.	Type <u>and</u> size of containers or tanks (for example, steel, plastic, fiber; and 5-gallon, 55-gallon, cubic yard box):		
3.	Containers/Tanks are in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Containers/Tanks compatible with waste stored in the tank or container?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Containers/Tanks are closed except when adding/removing wastes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Containers/Tanks are stored on impervious surfaces?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Are hazardous waste containers stored near a functional drain?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a.	If yes, is the secondary containment capable of containing the volume of the largest capacity hazardous waste container present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8.	Are hazardous waste containers/tanks stored outside?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a.	If yes, is there secondary containment capable of holding 110% of the volume of the largest hazardous waste container present or 10% of the total volume of containers, whichever is greater?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b.	If yes, are the containers <u>and</u> secondary containment covered to prevent precipitation from coming in contact with them?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
c.	If yes, are the containers at least 50 feet from any surface water, 75 feet from private wells, 50 feet from storm drains, and outside of the protective radius of any public water supply well?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Are containers/tanks marked with the following information at the time they are first used to accumulate waste?

9.	The words "hazardous waste"	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Words that specifically identify the contents of the containers/tanks	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Are the labels with the above information fully visible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are the following available at each hazardous waste storage area?

12.	Spill control equipment, such as speedi-dry or absorbent rags?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Fire control equipment, such as fire extinguishers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	"No smoking" signs near ignitable or reactive wastes (sign is required regardless of any facility wide no smoking policies)? *N/A <u>ONLY</u> applies if no ignitable or reactive wastes	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A*
15.	A minimum of 2 feet of aisle space on at least one side of each container to allow for inspections and emergency access?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Small Quantity Generator Extended Storage (Env-Hw 508.03):

16.	Small Quantity Generator Extended Storage Checklist: Does the facility accumulate/store greater than 220 pounds (approximately 26 gallons or 1/2 of a 55-gallon drum) of non-acutely hazardous waste on-site? If you checked this option, please complete the extended storage checklist on page 5 of this form.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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F. RECORDKEEPING REQUIREMENTS (Env-Hw 512):

- Are manifests kept by the facility for at least 3 years?** Please note that you are required to keep two copies of each manifest – the copy that is left by the transporter at the time of the shipment **AND** the signed copy from the Treatment, Storage, and Disposal Facility indicating that they received your hazardous waste. ☐ Yes ☐ No
 - Is one copy of the manifest sent to DES by the generator (your facility) within 5 days of the shipment?** Please note that your requirement is in addition to the copy that the Treatment, Storage, and Disposal Facility or transporter is required to send to DES. ☐ Yes ☐ No*
- *If no, please make copies of manifests from the past 3 years and provide them with this form.**

G. PRE-TRANSPORT/DELIVERY REQUIREMENTS (Env-Hw 507 & 511):

1. **Method of Transportation**

How is hazardous waste transported? (check all that apply)

☐ Transporter

☐ Self Transport

If yes, Where? _____

Date last self-transported? _____

2. **Transportation by valid NH Hazardous Waste Transporter**

If the waste is shipped by a hazardous waste transporter, is the transporter registered with DES?

☐ Yes

☐ No

☐ Don't Know

H. CORRECTIVE ACTION PLAN:

If your facility is not in compliance, please complete this form indicating any areas of non-compliance and prepare a schedule with a list of steps to follow to bring those areas into compliance. This is known as a Corrective Action Plan and it describes the actions your facility will take to come into compliance within a specified time frame. Please note that the Corrective Action Plan shall specify the date by which all corrective actions shall have been completed, which shall be as soon as practicable, but in no event later than 90 days from the date this declaration is due. If a Corrective Action Plan is needed, please provide it to DES along with this form.

* * * * *

CERTIFICATION

I hereby affirm that the information provided and other statements made on this Self-Certification Checklist and Declaration of Compliance and any attachments hereto, including but not limited to the Notification Form and any Corrective Action Plan, is correct and complete to the best of my knowledge and belief. I further affirm that I am familiar with the NH Hazardous Waste Rules applicable to Small Quantity Generators and with this Facility's operations and procedures with respect to hazardous waste. I acknowledge that RSA 641:3 provides penalties for making false or otherwise misleading statements with a purpose to deceive a public servant in the performance of official duties.

Signature of Owner or Executive Officer:



Date: _____

Name: _____
(Please print or type)

Title: _____

* * * * *



Before You Return This Form, Please:

- ☐ Review the Self-Certification Form to make sure it is complete. If you left any required sections blank or checked "no" to any items in sections E or F (other than E.7, E.8, and E.16), your form WILL BE RETURNED with a request for more information or corrections.
- ☐ Sign and date the Self-Certification Form
- ☐ Include the \$270 Fee (unless another fee amount was requested or fee exempt) made payable to "Treasurer, State of New Hampshire" or call if you would like to make a credit card payment (Visa or MasterCard ONLY)
- ☐ Complete or make any changes to, sign, and date the RCRA C Site Identification Notification Form (if requested)
- ☐ If needed, include the Corrective Action Plan with this Form (See Item H., *Corrective Action Plan*)

When you complete this form, please return it along with the fee, the Notification form (if requested), and the Corrective Action Plan (if applicable), to:

New Hampshire Department of Environmental Services (NH DES)
Waste Management Division
Hazardous Waste Management Bureau- SQG Program
P.O. Box 95, 29 Hazen Drive
Concord, NH 03302-0095

If you answered YES to question E.16. on page 3 of the Self-Certification Form, you must also fill out this form. All of these items are **REQUIRED** if you are storing greater than 220 lbs of hazardous waste at your facility. If you check "no" to any question (other than #9), your form will be returned. **Please make any corrections, prior to submitting the form.**



HAZARDOUS WASTE SMALL QUANTITY GENERATOR EXTENDED STORAGE CHECKLIST

Facility Name: _____ **EPA ID #:** _____

SQG Extended Storage Checklist (Env-Hw 508.03):

Complete and submit this form only if the SQG facility accumulates (stores) greater than 220 pounds on-site. Under Env-Hw 508.03 of the NH Hazardous Waste Rules, SQGs may accumulate up to 2,200 pounds of non-acutely hazardous waste on-site provided that they comply with the Extended Storage requirements.

1. Can the facility demonstrate weekly inspections of all hazardous waste containers? ☐ Yes ☐ No
2. If the facility uses tanks, can it demonstrate daily inspections of all hazardous waste tanks? (Leave blank if there are no tanks.) ☐ Yes ☐ No
3. Are the containers and tanks under the management of a designated hazardous waste manager or emergency coordinator or their designee? ☐ Yes ☐ No
4. Does the facility have a designated emergency coordinator who is either on the premises or on call and available to respond to an emergency at the premises? ☐ Yes ☐ No
5. Is there access to communication (i.e. phone) and alarm systems (i.e. pull station, intercom, air horn, voice if applicable) capable of summoning emergency assistance? ☐ Yes ☐ No
6. Has the facility posted the following information next to the telephone nearest to each hazardous waste storage area:
 - a. The names and telephone number, both work and home, of the emergency coordinator (and his/her designee if applicable)? ☐ Yes ☐ No
 - b. The telephone numbers of the fire department, police department, hospital, and State of New Hampshire and local emergency response teams that may be called upon to provide emergency services? ☐ Yes ☐ No
 - c. The location of fire extinguishers and spill control material and, if present, fire alarm? ☐ Yes ☐ No
7. Are all employees thoroughly familiar with proper waste handling and emergency procedures relevant to their responsibilities during normal facility operations and emergencies? ☐ Yes ☐ No
8. Has the facility attempted to make arrangements (for example, letter or tour) to familiarize local authorities (for example, the local fire department) with the:
 - a. Facility layout? ☐ Yes ☐ No
 - b. Properties of hazardous waste handled at the facility? ☐ Yes ☐ No
9. Is the on-site accumulation of up to 2,200 pounds of hazardous waste ever reached? ☐ Yes ☐ No
 - a. If Yes, are hazardous waste containers/tanks marked with the EPA and/or state waste code and the date the accumulation limit of 2,200 pounds was reached? ☐ Yes ☐ No
 - b. If Yes, is the hazardous waste shipped off-site within 90 days of the accumulation limit date? ☐ Yes ☐ No